



San Bernardino County
Department of Behavioral Health
Mental Health Services Act

Community Services & Supports
Additional One-Time Funding Augmentation
to Expand Local Mental Health Services

April 2, 2008

**Additional One-Time Funding Augmentation to Expand Local Mental Health
Services for the
Community Services and Supports (CSS) Plan
San Bernardino County**

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II. Process to Update the County's Three-Year Program and Expenditure Plan

The County must submit to DMH an update to its Three-Year Program and Expenditure Plan that is signed by the County Mental Health Director. The update must include:

A list of the proposed new and/or expanded programs/services, identified by the service category under which the program/service will be funded;	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
<ul style="list-style-type: none"> The Homeless Intensive Case Management and Outreach Services Program will provide case management services and include linkage to community and county resources. The program will use the Four Levels of Service concept. Each level provides a guideline for service delivery to consumers as they progress in their recovery. 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Services will include Employment Preparation and Support. A Drop-In Center will provide Recovery Resource Center (RRC) services to the homeless, mentally ill adults of San Bernardino County. Temporary Housing including shelter, meals, bathing and laundry facilities for homeless, mentally ill consumers in a home like environment will be available. The Homeless Program will make referrals to community self-help and support such as DBH clubhouses to provide consumers the opportunity to improve Socialization skills by becoming volunteers of the program and facilitating groups. Services to be provided by collaboration with families, Outpatient Services Department of Rehabilitation, the consumer-run Team House and other Clubhouse environments, Drop-In Center, health services, other DBH programs, Community Action Partnership, and the Social Security Administration. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Intensive case management services to be provided to consumers 24/7, ratio of consumers to staff of 10:1. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> The program will also provide a strategic outreach component to service the chronically homeless mentally ill. Outreach workers, which will consist of case managers, consumers, and/or peer-family advocates, will work to identify homeless individuals throughout San Bernardino County, including natural gathering places and encampments. Teams will be developed to provide outreach to the underserved areas of San Bernardino County. Once identified, homeless individuals will be assessed by clinical staff to strategically identify the most appropriate mental health services needed. Services may include Homeless Program services or referral to other County or contracted agencies. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A description of each program/service, including the population to be served, number of consumers served, services to be provided and methods of service delivery;

Description of each program/service:

The San Bernardino County Department of Behavioral Health (DBH) is responding to the consumers who have a mental illness and are homeless by developing homeless services promoting the principles of recovery, wellness and resiliency. The philosophy of recovery is to assist consumers to have lives that are more satisfying, hopeful, contributing and fulfilling based on their own values and cultural framework. The homeless program focuses on the consumer's strengths and possibilities in order to promote hope and movement toward the consumer's desires. Consumers are encouraged to make decisions about their lives, their care and move toward new levels of functioning. The consumer assumes ultimate responsibility for their recovery choices.

The development of the Homeless Program will allow the San Bernardino County Department of Behavioral Health to provide outreach services, case management services, a drop-in center, housing, employment preparation and support, job training, job leads, socialization and linkages (Department of Rehabilitation, the consumer-run Team House and other Clubhouse environments, Drop-In Center, Outpatient services, health services, DBH Forensics, the Department of Motor Vehicles, Community Action Partnership, and the Social Security Administration) to consumers, including those on both ends of the homelessness spectrum: the "chronically homeless", who have repeatedly found themselves homeless for long periods, and individuals who are newly homeless or are at risk of homelessness and with immediate assistance, can avoid extended trauma. By identifying mentally ill individuals on the verge of homelessness, and working with them to access services, the Homeless Program aims to reduce homelessness by preventing vulnerable individuals from becoming homeless.

DBH will also contract with shelter operators in the community to provide shelter, meals, bathing and laundry facilities for homeless, mentally ill consumers in a home like environment. DBH coordinates with and monitors respective contract agencies and shelters to insure that services are being provided in accordance with the purpose for which they were appropriated and allocated.

The Homeless Program will have several Levels of Service to support the needs of the consumers as they progress in their path to recovery. The Homeless Program will provide community service in collaboration with the consumers who are currently homeless, have a history of chronic homelessness, or are otherwise at risk of homelessness. Each Level of Service will employ its own set of strategies and supports with the understanding that individuals have varying needs, levels of impairment, and levels of motivation. Consumers will participate in the Level of Service that is most appropriate based on the clinical assessment of the Homeless Program staff.

Levels of Service:

i) Emergency Level:

The Emergency Level (EL) is a short-term case management program that targets mentally ill adults in San Bernardino County, ages 18 to 60 years old, who are homeless or are at risk of homelessness. Referrals for the Emergency Level will primarily come from the Crisis Response Team, Diversion Team and acute psychiatric units. The consumers are facing a short-term crisis situation and will be considered to be moving to a more permanent living arrangement. Consumers in the Emergency Level may receive short-term placement into a contracted Emergency Bed, usually up to 30 days, and be assigned a case manager who also serves as a liaison to the contract shelters. Placements into an Emergency Bed will take place 24 hours a day, seven days a week and be done by a DBH designee. Consumers utilizing an Emergency Bed may be waiting for a bed in a substance abuse treatment program, income to allow for more permanent housing or transportation arrangements to an out of-area residence. These consumers will receive case management follow-up after placing them in an Emergency Bed. Emergency Level consumers are not required to attend structured activities (i.e., Employment Workshop).

ii) Transitional Level:

The Transitional Level provides an organized and structured case management program to assist mentally ill adults in San Bernardino County, ages 18 to 60 years old, who are homeless or are at risk of homelessness and need assistance in overcoming obstacles to employment and obtaining permanent housing. Individuals in the Transitional Level may include a secondary substance abuse disorder. Consumers in the Transitional Level are agreeable to engage in a partnership with DBH to participate in an array of structured activities to enhance and promote the principles of recovery and move them towards addressing their treatment needs in the community, employment and permanent housing.

The mentally ill consumers will participate in a series of workshops conducted by the Department of Rehabilitation. These workshops will assess vocational and educational needs of every consumer. A plan will be developed to assist each mentally ill consumer to attain their optimum level of functioning in the community. Rehabilitation services will be provided simultaneously while the Homeless Program Case Managers assist with linkages to behavioral health medication assessments and necessary medical care as appropriate. Maintenance of the behavioral health regimen is a primary requirement. An important focus of the Transitional Level is consumer employment. Generally, Transitional Level participants do not meet the definition of chronic homelessness, and the symptoms of their mental illness do not preclude them from becoming self-supporting by means of employment. Intensive Employment Services consist of group and individual job-skills training, job coaching, and job leads. Individuals will be expected to pursue employment income and transition from the program in as brief a period of time as possible, ideally less than 90 days.

When criteria appear to exist that would qualify a participant for entitlements, case managers provide the assistance to link consumers to the appropriate agencies and individuals to secure those benefits, while continuing the emphasis on employment. Mental Health Treatment needs will be addressed primarily through referral to the department's outpatient clinics where psychiatric treatment and medications will be provided. Individuals in the Transitional Level must be capable of handling their own medications without assistance.

The Homeless Program Case Managers will also provide assessments, supportive counseling and needed case management to assist consumers to strengthen their ability for self care in the community as they maintain out of the acute psychiatric facilities and detention facilities. Consumers in the Transitional Level may receive placement into a Shelter Bed. Placements into a Shelter Bed will take place 24 hours a day, seven days a week and be done by a DBH designee. Individuals will not reside in a Shelter Bed for more than twelve months as they are considered to be "in transition" to more permanent living arrangement.

iii) Full Service Partnership (FSP) Level:

The program will establish 50 Full Service Partnerships to serve consumers with mental illness in San Bernardino County who have a history of chronic homelessness, histories of frequent hospitalizations, or are at high risk of homelessness and meet treatment needs criteria. Consumers considered for this Level of Service are experiencing difficulty providing for themselves in the community. Mentally ill consumers in this Level of Service are unable to maintain in the community without the assistance of intensive case management support. A Personal Service Coordinator will be assigned to each member to develop a comprehensive Individual Services and Support Plan and assist in recovery goals that shall be related to the achievement of the maximum possible level of residential independence. The ratio of consumer to case manager will be 1 to 10. Caseloads are low to allow for intense support of mentally ill consumers with these needs. Once the service goals are attained and the consumer is able to maintain in the community without the need for intensive case management, the consumer will be referred for follow up by the DBH outpatient clinic that provides the medication support (and be assigned to Maintenance Track Case manager if needed). Services will be provided in the field and in the office. Consumers in the FSP Level of Service may receive placement into a Shelter Bed. FSP consumers may reside either in a Shelter Bed, supported housing, or other independent living situation.

iv) Maintenance Level:

The Maintenance Level will provide case management to stabilized mentally ill adults living in semi-independent housing in San Bernardino County and require case management in order to “maintain” their current housing situation. The consumers housing could be an apartment or a home for which they live independently however require the assistance of a case management services to “maintain” the housing situation. Examples may include:

- Individuals who have worked to obtain semi-independent housing for which regular contact by a case manager is necessary to “maintain” their housing situation.
- Individuals that have been discharged from an Emergency Bed and are living independently but require case management support for a variety of reasons.

Case management support for maintenance consumers is likely to involve linkage to the Department of Housing and Urban Development (HUD), the Community Action Partnership, Vocational Rehabilitation, the Social Security Administration, outpatient clinics, food banks, schools, the Department of Motor Vehicles, etc.

Consumers in the Maintenance Level are typically not in need of housing placement as a result of obtaining other forms of housing. The time limit for the Maintenance Level is one (1) year and includes relapse prevention strategies. A graduation ceremony will mark the completion of the Maintenance Level Program.

Permanent Housing:

The mission of the San Bernardino County Department of Behavioral Health’s Housing Program is to assist chronically and persistently mentally ill and/or consumers diagnosed with co-occurring disorders find and maintain clean, affordable and safe transitional and permanent housing. Rental subsidy vouchers, similar to Section 8 are given to qualified homeless or at risk of becoming homeless mentally ill individuals and families. The Housing Program closely interfaces with DBH Employment Specialist who assists consumers to find and maintain jobs.

In addition to direct consumer services, the MHSA Housing Program also focuses on increasing the available housing stock. This includes acquisition or development of new rental properties, establishing master leases and negotiating with other governmental and non-profit housing related agencies that assist in expanding the availability of low-income housing.

Strategic Outreach:

The program will also provide an outreach component to service the chronically homeless mentally ill. Outreach workers, which will consist of case managers, consumers, and/or peer-family advocates, will work to identify homeless individuals throughout the County, including the natural gathering places and encampments. Teams will be developed to provide outreach to the underserved areas of the County. Once identified, homeless individuals will be assessed by clinical staff in order to strategically identify the most appropriate mental health and other services needed. Services may include Homeless Program services or referral to other County or contracted agencies.

Drop-In Center:

The Drop-In Center will provide Recovery Resource Center (RRC) services to homeless, mentally ill adults of San Bernardino County. The target population to be served is mentally ill adults who are homeless, at risk of becoming homeless, at risk of incarceration or hospitalization due to their mental illness.

Services will include but are not limited to: restrooms, showers, laundry facilities, telephones, message retrieval, mail pick-up, toiletries, meeting locations for support groups, refreshments, haircuts, housing and transportation leads, and locked storage for personal needs. In addition, employment services will include: computers with internet access for job search, access to education, training, assistance to complete resumes, job application forms and employment leads. The RRC will be based in a centrally located area, open seven (7) days a week, and assist San Bernardino County to provide comprehensive mental health services to reduce the risk of homelessness, incarceration, and/or hospitalization among mentally ill adults.

Population to be served:

- The persons to be served are adults who are mentally ill and without treatment will frequently find they are homeless, at risk of becoming homeless, or at imminent risk of being incarcerated or hospitalized. Included in this target population are women, families, and veterans. These mentally ill adults may have not accessed mental health services previously.

Number of consumers served:

- The program is designed to provide services to a total of 1,080 unduplicated unserved and underserved adults who are mentally ill and without treatment will frequently find they are homeless, at risk of becoming homeless, or at imminent risk of being incarcerated or hospitalized. Of the 1080 consumers to be served, 270 will be as a result of the MHSA expansion.
- In addition, the program will also provide Full Service Partnerships to serve 50 seriously mentally ill adults annually who have a history of chronic homelessness, histories of frequent hospitalizations, or are at high risk of homelessness. Consumers considered for Full Service Partnerships are experiencing difficulty providing for themselves in the community and are unable to maintain in the community without the assistance of intensive case management support.
- The program will also provide an outreach services to 300 chronically homeless mentally ill annually. Outreach workers, which will consist of case managers, consumers, and/or peer-family advocates, will work to identify homeless individuals throughout the County, including the streets and encampments. Teams will be developed to provide outreach to the underserved areas of the County. Once identified, homeless individuals will be assessed by clinical staff in order to strategically identify the most appropriate services needed due to their mental illness. Services may include Homeless Program services or referral to other County or contracted agencies.

Services to be provided:

- **Strategic Outreach Services** - The program will also provide an outreach component to service the chronically homeless mentally ill. Outreach workers, which will consist of case managers, consumers, and/or peer-family advocates, will work to identify homeless individuals throughout the County, including the streets and encampments. Teams will be developed to provide outreach to the underserved areas of the County. Once identified, homeless individuals will be assessed by clinical staff in order to strategically identify the most appropriate services needed due to their mental illness. Services may include Homeless Program services or referral to other County or contracted agencies.
- **Case Management Services** – Case managers will be available to provide services for the different Levels of Service to support the needs of the consumers as they progress in their path to recovery. The Homeless Program will provide supportive services to individuals who are currently homeless, have a history of chronic homelessness, or are otherwise at risk of homelessness. Each Level of Service will employ its own set of strategies and supports with the understanding that individuals have varying needs, levels of impairment, and levels of motivation.
- **Drop-in Center** - The Drop-In Center will provide Recovery Resource Center (RRC) services to homeless, mentally ill adults of San Bernardino County. The target population to be served is mentally ill adults who are homeless, at risk of becoming homeless, at risk of incarceration or hospitalization due to their mental illness.

Services will include but are not limited to: restrooms, showers, clothing laundry facilities, telephones, message

retrieval, mail pick-up, toiletries, meeting locations for support groups, refreshments, haircuts, housing and transportation leads, and locked storage for personal needs. In addition, employment services will include: computers with internet access for job search, access to education, training, assistance to complete resumes, job application forms and employment leads. The RRC will be based in a centrally located area, open seven (7) days a week, and assist San Bernardino County to provide comprehensive mental health services to reduce the risk of homelessness, incarceration, and/or hospitalization among mentally ill adults.

- **Housing** – DBH will contract with shelter operators in the community to provide shelter, meals, bathing and laundry facilities for homeless, mentally ill consumers in a home like environment. DBH will coordinate with and monitor respective contract agencies and shelters to insure that services are being provided in accordance with the purpose for which they were appropriated and allocated.
- **Employment Preparation and Support** - The consumers and Personal Service Coordinators are co-located with staff of the department's Employment Services Program. Employment Services Specialists provide job coaching, job leads, bus passes to follow-up on job leads, access to phones, transportation to job fairs and interviews, clothing for interviews and individualized counseling surrounding employment support issues. Also located on-site will be a full-time Adult Education teacher assigned by the San Bernardino School District Adult Education Department who will provide instruction to partners of the program and other DBH consumers. The Adult Education teacher will provide formal and informal instruction to consumers. The curriculum will focus on various work skills, resume writing, interview skills, job search strategies, etc. As a part of the Employment Support strategy, a portion of the budget will be used to provide clothing for consumers seeking employment. For individuals recently employed, assistance will be provided in obtaining clothing or uniforms necessary to sustain their employment.

It is anticipated that these programs will significantly improve the prospects of the Homeless program consumers achieving employment goals as they participate in the activities described. Most of the barriers for employment noted to date have to do with poor work history and skills, transportation, lack of resources for clothing, training, and daily support necessary to maintain a work schedule. Bus passes will be provided to get to interviews for work, purchase clothing, tools and provide reliable shelter and food to support a daily job search or work schedule. The clubhouse is being used to assist consumers to get pre-vocational training in the various work units if necessary.

A clean, safe and supportive drop-in center will offer no cost laundry facilities, showers, lockers for storage, phone use, newspapers, Internet access, a mail address, and educational videos.

- **Socialization** – The Homeless Program will make referrals to community self-help and support such as DBH clubhouses to provide consumers the opportunity to improve socialization skills by becoming volunteers of the program and facilitating groups.
- **Linkage** - Case Managers will provide linkage to community and governmental resources (Department of Rehabilitation, the consumer-run Team House and other Clubhouse environments, Drop-In Center, Outpatient services, health services, DBH Forensics, the Department of Motor Vehicles, Community Action Partnership, and the Social Security Administration) in an effort to assist consumers in addressing their mental illness and homeless situation. Through the close partnerships and linkages with these numerous community and DBH agencies, the program will be able to develop a plan to offer comprehensive mental health services for the homeless mentally ill.

Methods of service delivery:

- **Outreach Services** will seek and identify homeless adult mentally ill individuals and be a point of entry for homeless program services. These services will be delivered by an outreach team that is experienced in working with homelessness and mental health and are equipped with direct county and community

resources in order to provide immediate assistance. The outreach team will be mobile and will travel through out the different regions in San Bernardino County.

- **Case Management Services** will focus in providing new and current program consumers with direct case monitoring and assistance that may be needed in overcoming the individual's homelessness and poor mental health. Case managers will ensure consumer compliance with the programs rules and regulation and will be the main contact for consumers as they progress towards self-sufficiency.
- **The Drop-in Center** will provide immediate assistance to homeless individuals by providing a safe facility and environment where individuals can shower, receive free clean clothes, have access to fresh food and water, will have access to rest and lounge areas, will have access to laundry facilities and supplies, access to mail services, will have telephone access where homeless individuals will be able to seek employment, housing and medical appointments.
- **Housing** services will provide adult homeless mentally ill consumers a safe and structured setting where they can begin their process towards self-sufficiency. All program housing will offer clean bedrooms and bathrooms, three meals a day, basic personal hygiene supplies including sanitary napkins, laundry facilities and supplies, transportation to and from medical and psychiatric treatment and access to telephones and to secure storage areas for personal items.
- **Employment** preparation and support services will focus on providing adult homeless mentally ill consumers with job coaching, job leads, interviewing techniques and individualized counseling surrounding employment support issues. Particular emphasis will be placed on proper work habits, resume writing and job search strategies.
- **Socialization** services will provide the skills, attitude and knowledge to properly interact with others in a workforce environment and assist the consumer in increasing personal communication and social skills to maintain self-sufficiency.
- **Linkage** services will provide the consumer with direct and proven available community and county resources. The case manager will develop strategies to assist the consumer to overcome obstacles to access the services. The obstacles may exist within the consumers and also within the community services. Linkages made will include, but are not limited to, access to educational programs, employment services, self-help groups, socialization activities, entitlements, medical needs, transportation systems and mental health services

An explanation of how each program/service relates to the issues identified in the Community Program Planning Process, including how each program/service will reduce or eliminate the disparities identified in the CSS assessment in the County's existing Three-Year Program and Expenditure Plan;

How each program/service relates to the issues identified in the Community Program Planning Process:

Priority issues identified through the community planning process:

1) Homelessness:

The Recovery Model based program will provide outreach and case management services to adults who are mentally ill and if do not get treatment will frequently find themselves homeless, incarcerated, or hospitalized.

2) Inability to work:

Consumers will engage in a partnership with DBH to participate in an array of structured activities to enhance and promote the principles of recovery and move them towards addressing their treatment

needs in the community, employment and permanent housing. The mentally ill consumers will participate in a series of workshops to assess the vocational and educational needs of every consumer. A plan will be developed to assist each mentally ill consumer to attain their optimum level of functioning in the community. Rehabilitation services will be provided simultaneously while the Homeless Program Case Managers assist with linkages to behavioral health medication assessments and necessary medical care as appropriate. An important focus of the Transitional Level is consumer employment. Generally, Transitional Level participants do not meet the definition of chronic homelessness, and the symptoms of their mental illness do not preclude them from becoming self-supporting by means of employment. Intensive Employment Services consist of group and individual job-skills training, job coaching, and job leads. Individuals will be expected to pursue employment income and transition from the program in as brief a period of time as possible, ideally less than 90 days.

When criteria appear to exist that would qualify a participant for entitlements, case managers provide the assistance to link consumers to the appropriate agencies and individuals to secure those benefits, while continuing the emphasis on employment.

3) Inability to manage independence:

Homeless individuals with mental disorders, in particular, are most likely to recover, in full or in part, when they take an active role in their day-to-day affairs and when they have access to and use available community resources, such as Recovery Resource Centers, shelters, counselors and focus groups. The Full Service Partnership (FSP) Team empowers consumers to take an active role in the recovery process. The FSP Team coordinates available services, resources and encourages consumers to be independent, productive and responsible.

4) Frequent hospitalizations and emergency room visits, Institutionalization and Incarceration:

The program seeks to decrease frequent hospitalizations and emergency room visits, institutionalization and incarcerations by providing 24/7 intensive case management support to adult consumers who are severely mentally ill and if do not get treatment will frequently find themselves homeless, incarcerated, or hospitalized.

5) Access to care; lack of transportation:

The program will also provide an outreach component to provide service to chronically homeless mentally ill. Outreach workers, which will consist of case managers, consumers, and/or peer-family advocates, will work to identify homeless individuals throughout the County, including the streets and encampments. Teams will be developed to provide outreach to the underserved areas of the County. Once identified, homeless individuals will be assessed by clinical staff in order to strategically identify the most appropriate services needed due to their mental illness. Services may include Homeless Program services or referral to other County or contracted agencies.

How each program/service will reduce or eliminate the disparities identified in the CSS assessment in the County's existing Three-Year Program and Expenditure Plan:

Disparities:

1) Underserved

The program will also provide an outreach component to service to chronically homeless mentally ill. Outreach workers, which will consist of case managers, consumers, and/or peer-family advocates, will work to identify homeless individuals throughout the County, including the streets and encampments. Teams will be developed to provide outreach to the underserved areas of the County. Once identified, homeless individuals will be assessed by clinical staff in order to strategically identify the most appropriate services needed due to their mental illness. Services may include Homeless Program services or referral to other County or contracted agencies.

2) Racial, ethnic and gender disparities

DBH has a Cultural Competency Officer who is responsible for the implementation of the DBH's Cultural

Competency Plan. That office has developed mandatory standards and guidelines for DBH program development, and staff development related to cultural competency.

This program will be staffed with culturally competent and linguistically appropriate employees who will reflect the target population to be served, thus reducing barriers to accessing services by these underserved populations. Since linguistic barriers are often the most daunting to consumers, bilingual staff (Spanish/English) will be included in this program. There is currently no other threshold language in San Bernardino County. Other language barriers can be bridged with existing DBH staff or with translation services as needed.

An assessment of the County's capacity to implement the proposed programs/services, including the factors listed in Section 3650(a)(1) of the CCR;

County's capacity to implement the proposed programs/services:

The latest (2007) County data on the number of homeless individuals in San Bernardino County indicate there are approximately 7,300 homeless persons countywide. Data from San Bernardino County 2007 Censes and Survey Report indicates the profile of mentally ill homeless population is approximately 20% Transitional Age Youth (TAY), 56 % Adult and 24% Older Adults. The ethnic breakdown is 43% Euro-American, 25% African-American, 23% Latinos and 9% other. The need for services to target areas of homeless populations never served and/or underserved is documented. DBH has the knowledge of the problems, an awareness of the need and the skilled staff to locate, assess and serve the homeless mentally ill county residents. Staff has the expertise and the knowledge of effective strategies to serve the homeless population in the community and provide linkages to other needed services.

EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT

Estimated/Actual Population Served

County: San Bernardino
Program Work Plan #: A-7
Program Work Plan Name: Mentally Ill Homeless
Fiscal Year: 2007-08 (Please complete one per fiscal year)

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		QTR 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transitional Age Youth											
Adults		5		15		15		15		50	
Older Adults											
System Development		Qtr 1		Qtr 2		Qtr 3		QTR 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transitional Age Youth											
Adults		270		270		270		270		1080	
Older Adults											
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		QTR 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth											
Transitional Age Youth											
Adults		75		75		75		75		300	
Older Adults											

A description of the County's capacity for implementing the proposed program or service expansion on the projected timeline if the County has not implemented all programs/services as approved by DMH in the initial plan or subsequent updates.

Description of the County's capacity for implementing the proposed program or service expansion on the projected timeline:

San Bernardino County has the understanding of the unique needs of the mentally ill population, a developed collaborative with other County stakeholders ready to be activated. The plan to meet the need has been described, and staff with the skill to effectively work with the target population can implement the program within the projected timeline.

New Programs to be Developed:

The following information is required for each new program. Since the review process may approve individual program work plans separately, it is critical that a complete description is provided for each program. If a particular question is not applicable for the proposed program, please so indicate.

For each program, please provide the following:

1) Please provide the following summary:

a) A brief description of the program

The development of the Homeless Program will allow the San Bernardino County Department of Behavioral Health (DBH) to provide outreach services, case management services, a drop-in center, housing, employment preparation and support, job training, job leads, socialization and linkages to mentally ill consumers, including those on both ends of the homelessness spectrum: the "chronically homeless", who have repeatedly found themselves homeless for long periods, and individuals who are newly homeless or are at risk of homelessness and with immediate assistance, can avoid extended trauma. By identifying mentally ill individuals on the verge of homelessness, and working with them to find the help they need, the Homeless program aims to reduce homelessness by preventing vulnerable individuals from becoming homeless in the first place.

b) Identification of the age and situational characteristics of the priority population to be served in this program such as substance abuse issues, location in a rural/urban area, type of residence, access to transportation, etc.

The program is designed to provide services to unserved and underserved adults within San Bernardino County who are mentally ill and without treatment will frequently find they are homeless, at risk of becoming homeless, or at imminent risk of being incarcerated or hospitalized.

In addition, the program will also provide Full Service Partnerships services to unserved and underserved seriously mentally ill adults who have a history of chronic homelessness, histories of frequent hospitalizations, or are at high risk of homelessness. Consumers considered for Full Service Partnerships are experiencing difficulty providing for themselves in the community and are unable to maintain in the community without the assistance of intensive case management support.

c) Identification of strategies for which you will be requesting MHSA funds for this program.

d) Identification of the funding types that will be used and the age group of the priority populations to be served for each strategy. Many strategies may be used in a program.

	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TA Y	A	OA
<ul style="list-style-type: none"> The Homeless Program will provide case management services and include linkage to community and county resources. Services will include Employment Preparation and Support. A Drop-In Center will provide Recovery Resource Center (RRC) services to homeless, mentally ill adults of San Bernardino County. Temporary Housing including shelter, meals, bathing and laundry facilities for homeless, mentally ill consumers in a home like environment will be available. The Homeless Program will make referrals to community self-help and support such as DBH clubhouses to provide consumers the opportunity to improve Socialization skills by becoming volunteers of the program and facilitating groups. Services to be provided by collaboration with families, Outpatient Services Department of Rehabilitation, the consumer-run Team House and other Clubhouse environments, Drop-In Center, health services, other DBH programs, Community Action Partnership, and the Social Security Administration. 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Intensive case management services to be provided to consumers 24/7, ratio of consumers to staff of 10:1. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> The program will also provide a strategic outreach component to service to chronically homeless mentally ill. Outreach workers, which will consist of case managers, consumers, and/or peer-family advocates, will work to identify homeless individuals throughout the County, including the streets and encampments. Teams will be developed to provide outreach to the underserved areas of the County. Once identified, homeless individuals will be assessed by clinical staff in order to strategically identify the most appropriate services needed due to their mental illness. Services may include Homeless Program services or referral to other County or contracted agencies. 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of MHSA.

The San Bernardino County Department of Behavioral Health (DBH) is responding to the adult mentally ill residents by developing homeless services promoting the principles of recovery, wellness and resiliency. The philosophy of recovery is to assist consumers to have lives that are more satisfying, hopeful, contributing and fulfilling based on their own values and cultural framework. The homeless program focuses on the consumer's strengths and possibilities in order to promote hope and movement toward the consumer's desires. Consumers are encouraged to make decisions about their lives, their care and move toward new levels of functioning. The consumer assumes ultimate responsibility for their recovery choices.

The development of the Homeless Program will allow the San Bernardino County Department of Behavioral Health to provide outreach services, case management services, a drop-in center, housing, employment preparation and support, job training, job leads, socialization and linkages (Department of Rehabilitation, the consumer-run Team House and other Clubhouse environments, Drop-In Center, Outpatient services, health services, DBH Forensics, the Department of Motor Vehicles, Community Action Partnership, and the Social Security Administration) to

consumers, including those on both ends of the homelessness spectrum: the “chronically homeless”, who have repeatedly found themselves homeless for long periods, and individuals who are newly homeless or are at risk of homelessness and with immediate assistance, can avoid extended trauma. By identifying mentally ill individuals on the verge of homelessness, and working with them to find the help they need, one of the goals of the Homeless program is to reduce homelessness by preventing vulnerable individuals from becoming homeless in the first place.

DBH will also contract with shelter operators in the community to provide shelter, meals, bathing and laundry facilities for homeless, mentally ill consumers in a home like environment. DBH coordinates with and monitors respective contract agencies and shelters to insure that services are being provided in accordance with the purpose for which they were appropriated and allocated.

The Homeless Program will have several Levels of Service to support the needs of the consumers as they progress in their path to recovery. The Homeless Program will provide supportive services to individuals who are currently homeless, have a history of chronic homelessness, or are otherwise at risk of homelessness. Each Level of Care will employ its own set of strategies and supports with the understanding that individuals have varying needs, levels of impairment, and levels of motivation. Consumers will participate in the Level of Service that is most appropriate based on the clinical assessment of the Homeless Program staff.

Levels of Service:

v) Emergency Level:

The Emergency Level is a short-term case management program that targets mentally ill adults in San Bernardino County, ages 18 to 60 years old, who are homeless or are at risk of homelessness. Referrals for the Emergency Level will primarily be from the Crisis Response Team, Diversion Team and acute psychiatric units. The consumers are facing a short-term crisis situation and will be considered to be moving to a more permanent living arrangement. Consumers in the Emergency Level may receive short-term placement into a contracted Emergency Bed for a short period of time, usually up to 30 days, and be assigned a case manager who also serves as a liaison to the contract shelters. Placements into an Emergency Bed will take place 24 hours a day, seven days a week and be done by a DBH designee. Consumers utilizing an Emergency Bed may be waiting for a bed in a substance abuse treatment program, income to allow for more permanent housing or transportation arrangements to an out of-of-area residence. These consumers will receive case management follow-up after placing them in an Emergency Bed. Consumers are not required to attend structured activities (i.e., Employment Workshop).

vi) Transitional Level:

The Transitional Level provides an organized and structured case management program to assist mentally ill adults in San Bernardino County, ages 18 to 60 years old, who are homeless or are at risk of homelessness and need assistance in overcoming obstacles to employment and obtaining permanent housing. Individuals in the Transitional Level may include those diagnosed with a secondary substance abuse disorder. Consumers in the Transitional Level are agreeable to engage in a partnership with DBH to participate in an array of structured activities to enhance and promote the principles of recovery and move them towards addressing their treatment needs in the community, finding employment and permanent housing.

The mentally ill consumers will participate in a series of workshops conducted by the Department of Rehabilitation. These workshops will assess vocational and educational needs of every consumer. A plan will be developed to assist each mentally ill consumer to attain his or her optimum level of functioning in the community. Rehabilitation services will be provided simultaneously while the Homeless Program Case Managers assist with linkages to behavioral health medication assessments and necessary medical care as appropriate. Maintenance of the behavioral health regimen is a primary requirement. An important focus of the Transitional Level is consumer employment. Generally, Transitional Level participants do not meet the definition of chronic homelessness, and the symptoms of their mental illness do not preclude them from becoming self-supporting by means of employment. Intensive Employment Services consist of group and individual job-skills training, job coaching, and job leads. Individuals will be expected to pursue employment income and transition from the program in as brief a period of time as possible, ideally less than 90 days.

When criteria appear to exist that would qualify a participant for entitlements, case managers provide the

assistance to link consumers to the appropriate agencies and individuals to secure those benefits, while continuing the emphasis on employment. Mental Health Treatment needs will be addressed primarily through referral to the department's outpatient clinics where psychiatric treatment and medications will be provided. Individuals residing in a Shelter Bed must be capable of handling their own medications without assistance.

The Homeless Program Case Managers will also provide assessments, supportive counseling and needed case management to assist consumers to strengthen their ability for self care in the community as they maintain outside of the acute psychiatric facilities and detention facilities. Consumers in the Transitional Level may receive placement into a Shelter Bed. Placements into a Shelter Bed will take place 24 hours a day, seven days a week and be done by a DBH designee. Individuals will not reside in a Shelter Bed for more than twelve months as they are considered to be "in transition" to more permanent living arrangement.

vii) Full Service Partnership (FSP) Level:

The program will establish 50 Full Service Partnerships to serve seriously mentally ill adults in San Bernardino County who have a history of chronic homelessness, histories of frequent hospitalizations, or are at high risk of homelessness and meet treatment needs criteria. Consumers considered for this Level of Service are experiencing difficulty providing for themselves in the community. Mentally ill consumers in this Level of Service are unable to maintain in the community without the assistance of intensive case management support. A Personal Service Coordinator will be assigned to each member to develop a comprehensive Individual Services and Support Plan and assist in recovery goals that shall be related to the achievement of the maximum possible level of residential independence. The ratio of consumer to case manager will be 1 to 10. Caseloads are low to allow for intense support of mentally ill consumer with these needs. Once the service goals are attained and the consumer is able to maintain in the community without the need for intensive case management, the consumer will be referred for follow up by the DBH outpatient clinic that provides the medication support (and be assigned to Maintenance Track Case manager if needed). Services will be provided in the field and in the office. Consumers in the FSP Level of Service may receive placement into a Shelter Bed. FSP consumers may reside either in a Shelter Bed, supported housing, or other independent living situation.

viii) Maintenance Level:

The Maintenance Level will provide case management to stabilized mentally ill adults living in semi-independent housing in San Bernardino County and require case management in order to "maintain" their current housing situation. The consumers housing could be an apartment or a home in which they live independently however require the assistance of a case management services to "maintain" the housing situation. Examples may include:

- Individuals in Semi-Independent Housing for whom regular contact by a case manager is necessary to "maintain" their housing situation.
- Individuals that have been discharged from Emergency Shelter and are living independently but require case management support for a variety of reasons.

Case management support for maintenance consumers is likely to involve linkage to HUD, the Community Action Partnership, Vocational Rehabilitation, the Social Security Administration, outpatient clinics, food banks, schools, the Department of Motor Vehicles, etc.

Consumers in the Maintenance Level are typically not in need of housing placement as a result of obtaining other forms of housing. The time limit for the Maintenance Level is one (1) year and includes relapse prevention strategies. A graduation ceremony marks the completion of the Maintenance Level Program.

Permanent Housing:

The mission of the San Bernardino County Department of Behavioral Health's Housing Program is to assist chronically and persistently mentally ill and/or consumers with co-occurring disorders find and maintain clean, affordable and safe transitional and permanent housing. Rental subsidy vouchers, similar to Section 8 will be given to qualified homeless or at risk of becoming homeless mentally ill individuals and families. The Housing Program

closely interfaces with DBH Employment Program who assists consumers to find and maintain jobs.

In addition to direct consumer services, the MHSA Housing Program will also focus on increasing the available housing stock. This includes acquisition or development of new rental properties, establishing master leases and negotiating with other governmental and non-profit housing related agencies that assist in expanding the availability of low-income housing.

Strategic Outreach:

The program will also provide an outreach component to service to chronically homeless mentally ill. Outreach workers, which will consist of case managers, consumers, and/or peer-family advocates, will work to identify homeless individuals throughout the County, including the streets and encampments. Teams will be developed to provide outreach to the underserved areas of the County. Once identified, homeless individuals will be assessed by clinical staff in order to strategically identify the most appropriate services needed due to their mental illness. Services may include Homeless Program services or referral to other County, contracted agencies, or Community or Faith Based Organizations.

Drop-In Center:

The Drop-In Center will provide Recovery Resource Center (RRC) services to homeless, mentally ill adults of San Bernardino County. The target population to be served is mentally ill adults who are homeless, at risk of becoming homeless, at risk of incarceration or hospitalization due to their mental illness.

Services will include but are not limited to: restrooms, showers, clothing laundry facilities, telephones, message retrieval, mail pick-up, toiletries, meeting locations for support groups, refreshments, haircuts, housing and transportation leads, and locked storage for personal needs. In addition, employment services will include: computers with internet access for job search, access to education, training, assistance to complete resumes, job application forms and employment leads. The RRC will be based in a centrally located area, open seven (7) days a week, and assist San Bernardino County to provide comprehensive mental health services to reduce the risk of homelessness, incarceration, and/or hospitalization among mentally ill adults.

3) Describe any housing or employment services to be provided.

Housing:

Multiple levels of shelter will be included in the Homeless Program to coincide with the Homeless Program Levels of Service the individuals may participate in.

- 1) **Emergency Beds** –These beds are for consumers who are homeless or at risk of becoming homeless due to mental illness. The consumers using these beds will be placed for a short period of time. The consumers are facing a short-term crisis situation and will be considered to be moving to a more permanent living arrangement. Consumers utilizing an Emergency Bed may be: waiting for the next available bed in a substance abuse treatment program, awaiting approval of Supplemental Security Income (SSI) to allow for more permanent housing, in need of transportation arrangements to an out-of-area residence, or awaiting reunification with friends and/or family for housing. These consumers will receive case management follow-up services. Consumers utilizing these emergency beds are not required to attend the Employment Workshop.
- 2) **Shelter Beds** - Shelter Beds for homeless mentally ill consumers who require extended periods of time (up to 12 months) in a residential setting. This includes individuals who are discharged from Foster Care, residential group homes, substance abuse treatment facilities, those waiting for SSI approvals, as well as those who are seeking employment.

DBH will contract with shelter operators in the community to provide shelter, meals, bathing and laundry facilities for homeless, mentally ill consumers in a home like environment. DBH coordinates with and monitors respective contract agencies and shelters to insure that services are being provided in accordance with the purpose for which they were appropriated and allocated.

Employment Services:

The consumers and Personal Service Coordinators are co-located with staff of the DBH Employment Services Program. Employment Services Specialists provide job coaching, job leads, bus passes to follow-up on job leads, access to phones, transportation to job fairs and interviews, clothing for interviews and individualized counseling surrounding employment support issues. Also located on-site is a full-time Adult Education teacher assigned by the San Bernardino School District Adult Education Department who provides instruction to partners of the program and other DBH consumers. The Adult Education teacher provides formal and informal instruction to consumers. The curriculum focuses on various work skills, resume writing, interview skills, job search strategies, etc. As a part of the Employment Support strategy, a portion of the budget will be used to provide clothing for consumers seeking employment. For recently employed individuals, assistance will be provided in obtaining clothing or uniforms necessary to sustain their employment.

It is anticipated that these programs will significantly improve the prospects of the Homeless program consumers in achieving employment goals. Most of the barriers for employment noted to date are related to poor work history and skills, transportation, lack of resources for clothing, training, and daily support necessary to maintain a work schedule. Ancillary support will include bus passes to get to interviews for work, work uniforms or clothing, tools and provide reliable shelter and food that will support a daily job search or work schedule. The Clubhouses can be used to assist consumers to get pre-vocational training in the various work units if necessary.

A clean, safe and supportive drop-in center offers no cost laundry facilities, showers, lockers for storage, phone use, newspapers, Internet access, a mail address, and educational videos.

4) Please provide the average cost for each Full Service Partnership (FSP) participant including all fund types and fund sources for each FSP proposed program.

The average annual cost for each Full Service Partnership (FSP) is \$17,536.54.

5) Describe how the proposed program will advance the goals of recovery for adults and older adults and/or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency and how they are promoted and continually reinforced.

The San Bernardino County Department of Behavioral Health is responding to the adult (ages 18-60) mentally ill residents by developing homeless services promoting the principles of recovery, wellness and self discovery. The philosophy of recovery is to assist consumers to have lives that are more satisfying, hopeful, contributing and fulfilling based on their own values and cultural framework. The homeless program focuses on the consumer's strengths and possibilities in order to promote hope and movement toward the consumer's desires. Consumers are encouraged to make decisions about their lives, their care and move toward new levels of functioning. An important element of this program is the intensive case management that educates consumers about the services available to them in the communities and educating them how to access those services, and assist them in doing so.

6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.

Not applicable. San Bernardino County has no existing MHSA CSS work plan for this program.

7) Describe which services and supports consumers and/or family members will provide. Indicate whether consumers and/or family members will actually run the service or if they are participating as a part of a service program, team or other entity.

The Homeless Program will make every effort to include the consumer's support system when addressing the consumer's homeless situation. Linking the consumer to their natural support system provides the consumer with the best opportunity for long-term recovery.

Referrals to community self-help and support such as DBH clubhouses will be provided. There consumers can participate in facilitating groups and can become volunteers of the program.

8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.

The vision of this plan is to collaborate, and strengthen the current partnerships with other DBH and non-DBH agencies and service providers who interact with the homeless mentally ill adults in their communities. Through the close partnerships and linkages with these numerous community and DBH agencies, the program will be able to develop a plan to offer comprehensive mental health services for the homeless mentally ill.

9) Discuss how the chosen program/strategies will be culturally and linguistically competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II, Section II, of your Three-Year Program and Expenditure Plan and what specific strategies will be used to meet their needs.

DBH has a Cultural Competency Officer who is responsible for the implementation of the DBH's Cultural Competency Plan. That office has developed mandatory Cultural Competence standards and guidelines for all DBH program and staff development,.

This program will be staffed with culturally competent and linguistically appropriate employees who will reflect the target population to be served, thus reducing barriers to accessing services by these underserved populations. Since linguistic barriers are often the most daunting to consumers, bilingual staff (Spanish/English) will be included in this program. There is currently no other threshold language in San Bernardino County. Other language barriers can be bridged with existing DBH staff or with translation services.

In addition, the strategic outreach component will provide Outreach workers, which will consist of case managers, consumers, and/or peer-family advocates, to increase access to care for homeless mentally ill individuals throughout the County, including those in streets and encampments who may have limited knowledge of mental health services. Teams will be developed to provide outreach to the underserved areas of the County.

10) Describe how services will be provided in a manner that addresses consumers' specific needs and circumstances related to sexual orientation and gender.

DBH staff and contracted service providers receive ongoing training in the areas of lesbian, gay, bisexual and transgender issues. DBH is diverse, and can lend valuable knowledge and expertise to this new program. Because all recovery plans are based on the consumer's strengths and needs, those plans will be sensitive to gender and to sexual orientation.

11) Describe how services will be used to meet the service needs for individuals residing out-of-county.

The program is not intended to serve homeless individuals residing outside of San Bernardino County, unless they happen to be temporarily in the county at the time of a mental health crisis. If that is the case, they will be seen as any other consumer in a crisis would be seen. Staff would then collaborate with programs and service providers from the consumer's home county to facilitate continued services in the consumer's home area.

12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they helped transform service delivery and the mental health system by advancing the goals of the MHSA and the General Standards in CCR, Title 9, Division 1, Chapter 14, Section 3320.

Not applicable.

13) Please provide a timeline for this work plan, including all critical implementation dates.

Months 1-3: Recruitment, hiring and training staff.

Months 3-12: Services are expected to be implemented and meeting program goals.

DRAFT

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): San Bernardino County Fiscal Year: 2007-08
 Program Workplan # A-7 Date: 3/19/08
 Program Workplan Name Homeless Intensive Case Management and Outreach Services Page 1 of 1
 Type of Funding 1. Full Service Partnership Months of Operation 3
 Proposed Total Client Capacity of Program/Service: 50 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: _____
 Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: _____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$7,250			\$7,250
b. Travel and Transportation	\$5,100			\$5,100
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing	\$153,465			\$153,465
d. Employment and Education Supports	\$0			\$0
e. Other Support Expenditures (provide description in budget narrative)	\$0			\$0
f. Total Support Expenditures	\$165,815	\$0	\$0	\$165,815
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$381,054			\$381,054
c. Employee Benefits	\$125,748			\$125,748
d. Total Personnel Expenditures	\$506,802	\$0	\$0	\$506,802
3. Operating Expenditures				
a. Professional Services	\$3,800			\$3,800
b. Translation and Interpreter Services	\$150			\$150
c. Travel and Transportation	\$7,524			\$7,524
d. General Office Expenditures	\$21,508			\$21,508
e. Rent, Utilities and Equipment	\$142,016			\$142,016
f. Medication and Medical Supports	\$0			\$0
g. Other Operating Expenses (provide description in budget narrative)	\$29,213			\$29,213
h. Total Operating Expenditures	\$204,210	\$0	\$0	\$204,210
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$876,827	\$0	\$0	\$876,827
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	\$0			\$0
b. Medicare/Patient Fees/Patient Insurance	\$0			\$0
c. Realignment	\$0			\$0
d. State General Funds	\$0			\$0
e. County Funds	\$0			\$0
f. Grants	\$0			\$0
g. Other Revenue	\$0			\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$108,504			\$108,504
b. Medicare/Patient Fees/Patient Insurance	\$0			\$0
c. Realignment	\$0			\$0
d. State General Funds	\$0			\$0
e. County Funds	\$0			\$0
f. Grants	\$0			\$0
g. Other Revenue	\$0			\$0
h. Total New Revenue	\$108,504	\$0	\$0	\$108,504
3. Total Revenues	\$108,504	\$0	\$0	\$108,504
C. Start Up One-Time Expenditures	\$0			\$0
D. Total Funding Requirements	\$768,323	\$0	\$0	\$768,323
E. Percent of Total Funding Requirements for Full Service Partnerships				100.0%

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**Budget Narrative****Homeless Intensive Case Management and Outreach Services - # A-7**

County(ies): San Bernardino County

Fiscal Year: 2007-08

Date: 3/19/2008

A. Expenditures**1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene - based on average annual cost of \$145 per client.	\$	7,250
b. Travel and Transportation - based on average annual cost of \$102 per client.	\$	5,100
c. Housing	\$	153,465
i. Master Leases		
ii. Subsidies		
iii. Vouchers		
iv. Other Housing	\$	153,465
Emergency Housing - 10 slots. Annual cost per slot \$15,346.50.	\$	153,465
d. Employment and Education Supports	\$	-
e. Other Support Expenditures	\$	-
f. Total Support Expenditures	\$	165,815

2. Personnel Expenditures

a. Current Existing Personnel Expenditures (from Staffing Detail)	\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)	\$	381,054
c. Employee Benefits - 33% of new salaries	\$	125,748
d. Total Personnel Expenditures	\$	506,802

3. Operating Expenditures

a. Professional Services - ongoing training -based on current average annual cost of \$400 per budgeted FTE	\$	3,800
b. Translation and Interpreter Services - based on current average annual cost of \$3 per client	\$	150
c. Travel and Transportation - based on current average annual cost per budgeted FTE of \$792	\$	7,524
d. General Office Expenditures - based on current average annual cost per budgeted FTE of \$2,264	\$	21,508
e. Rent, Utilities and Equipment	\$	142,016
i. Utilities and Equipment - based on current average annual cost per budgeted FTE of \$	\$	70,766
ii. Lease Costs - Based on lease costs for 2,375 s.f. facility at \$2.50 s.f. for 12 mo	\$	71,250
f. Medication and Medical Supports	\$	-
g. Other Operating Expenses - general liability, vehicle, medical malpractice insurance premiums based on current average annual cost of \$3,075 per budgeted employee	\$	29,213
h. Total Operating Expenditures	\$	204,210

4. Program Management

a. Existing Program Management		
b. New Program Management		
c. Total Program Management	\$	-

5. Estimated Total Expenditures when service provider is not known

6. Total Proposed Program Budget	\$	876,827
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B. Revenues**1. Existing Revenues**

h. Total Existing Revenues	\$	-
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2. New Revenues

a. Medi-Cal (FFP only) - assume 30% of new clients will be Medi-Cal eligible (30% of costs X 50%). (Excludes Housing and Existing Personnel)	\$	108,504
h. Total New Revenue	\$	108,504

3. Total Revenues**\$ 108,504****C. Start Up One-Time Expenditures****\$ -****D. Total Funding Requirements****\$ 768,323****E. Percent of Total Funding Requirements for Full Service Partnerships****100%**

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Bernardino County Fiscal Year: 2007-08

Program Workplan # A-7 Date: 3/19/08

Program Workplan Name Homeless Intensive Case Management and Outreach Services Page 1 of 1

Type of Funding 1. Full Service Partnership Months of Operation 3

Proposed Total Client Capacity of Program/Service: 50 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 Prepared by: 0

Client Capacity of Program/Service Expanded through MHSA: 50 Telephone Number: 0

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries, Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
	FSP				
Clinical Therapist I	Personal Services Coordinator	1.00		\$49,722	\$49,722
Social Worker II	Personal Services Coordinator	2.00		\$43,587	\$87,174
Mental Health Specialist	Personal Services Coordinator	5.00		\$35,095	\$175,475
Office Assistant III			1.00	\$30,846	\$30,846
Program Manager I			0.50	\$75,673	\$37,837
					\$0
					\$0
					\$0
					\$0
	Total New Additional Positions	8.00	1.50		\$381,054
C. Total Program Positions		8.00	1.50		\$381,054

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): San Bernardino County Fiscal Year: 2007-08
 Program Workplan # A-7 Date: 3/19/08
 Program Workplan Name Homeless Intensive Case Management and Outreach Services Page 1 of 1
 Type of Funding 2. System Development Months of Operation 3
 Proposed Total Client Capacity of Program/Service: 1,080 New Program/Service or Expansion Expansion
 Existing Client Capacity of Program/Service: 810 Prepared by: _____
 Client Capacity of Program/Service Expanded through MHSA: 270 Telephone Number: _____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$39,150			\$39,150
b. Travel and Transportation	\$27,540			\$27,540
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing	\$0			\$0
d. Employment and Education Supports	\$0			\$0
e. Other Support Expenditures (provide description in budget narrative)	\$167,391		\$222,898	\$390,289
f. Total Support Expenditures	\$234,081	\$0	\$222,898	\$456,979
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$561,634			\$561,634
b. New Additional Personnel Expenditures (from Staffing Detail)	\$108,027			\$108,027
c. Employee Benefits	\$35,649			\$35,649
d. Total Personnel Expenditures	\$705,310	\$0	\$0	\$705,310
3. Operating Expenditures				
a. Professional Services	\$1,000			\$1,000
b. Translation and Interpreter Services	\$810			\$810
c. Travel and Transportation	\$1,980			\$1,980
d. General Office Expenditures	\$5,660			\$5,660
e. Rent, Utilities and Equipment	\$104,874			\$104,874
f. Medication and Medical Supports	\$0			\$0
g. Other Operating Expenses (provide description in budget narrative)	\$7,688			\$7,688
h. Total Operating Expenditures	\$122,011	\$0	\$0	\$122,011
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$1,061,402	\$0	\$222,898	\$1,284,300
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	\$84,245			\$84,245
b. Medicare/Patient Fees/Patient Insurance	\$0			\$0
c. Realignment	\$254,285		\$193,824	\$448,109
d. State General Funds	\$0			\$0
e. County Funds	\$0			\$0
f. Grants	\$390,495			\$390,495
g. Other Revenue	\$0			\$0
h. Total Existing Revenues	\$729,025	\$0	\$193,824	\$922,849
2. New Revenues				
a. Medi-Cal (FFP only)	\$49,857		\$4,361	\$54,218
b. Medicare/Patient Fees/Patient Insurance	\$0			\$0
c. Realignment	\$0			\$0
d. State General Funds	\$0			\$0
e. County Funds	\$0			\$0
f. Grants	\$0			\$0
g. Other Revenue	\$0			\$0
h. Total New Revenue	\$49,857	\$0	\$4,361	\$54,218
3. Total Revenues	\$778,882	\$0	\$198,185	\$977,067
C. Start Up One-Time Expenditures	\$0			\$0
D. Total Funding Requirements	\$282,520	\$0	\$24,713	\$307,233
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

Budget Narrative

Homeless Intensive Case Management and Outreach Services - # A-7

County(ies): San Bernardino County

Fiscal Year: 2007-08
Date: 3/19/2008

A. Expenditures

1. Client, Family Member and Caregiver Support Expenditures

a. Clothing, Food and Hygiene - based on average annual cost of \$145 per client.	\$ 39,150
b. Travel and Transportation - based on average annual cost of \$102 per client.	\$ 27,540
c. Housing	\$ -
d. Employment and Education Supports	\$ -
e. Other Support Expenditures	\$ 390,289
i. Current Existing Resource Center	\$ 193,824
(15% expansion of existing \$193,824 FY 06/07 Resource Center)	\$ 29,074
ii. Current Existing Services and Supplies - based on existing cost report	\$ 167,391
f. Total Support Expenditures	\$ 456,979

2. Personnel Expenditures

a. Current Existing Personnel Expenditures (from Staffing Detail)	\$ 561,634
b. New Additional Personnel Expenditures (from Staffing Detail)	\$ 108,027
c. Employee Benefits - 33% of new salaries	\$ 35,649
d. Total Personnel Expenditures	\$ 705,310

3. Operating Expenditures

a. Professional Services - ongoing training -based on current average annual cost of \$400 per budgeted FTE	\$ 1,000
b. Translation and Interpreter Services - based on current average annual cost of \$3 per client	\$ 810
c. Travel and Transportation - based on current average annual cost per budgeted FTE of \$792	\$ 1,980
d. General Office Expenditures - based on current average annual cost per budgeted FTE of \$2,264	\$ 5,660
e. Rent, Utilities and Equipment	\$ 104,874
i. Utilities and Equipment - based on current average annual cost per budgeted FTE of \$7,449	\$ 18,623
ii. Lease Costs - Based on lease costs for 2,875 s.f. facility at \$2.50 s.f. for 12 mo	\$ 86,251
f. Medication and Medical Supports	\$ -
g. Other Operating Expenses - general liability, vehicle, medical malpractice insurance premiums based on current average annual cost of \$3,075 per budgeted employee	\$ 7,688
h. Total Operating Expenditures	\$ 122,011

4. Program Management

c. Total Program Management	\$ -
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5. Estimated Total Expenditures when service provider is not known

6. Total Proposed Program Budget	\$ 1,284,300
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B. Revenues

1. Existing Revenues

a. Medi-Cal (FFP only) - assume 30% of new clients will be Medi-Cal eligible (30% of costs X 50%). Based on Current Existing Personnel Expenditures Only	\$ 84,245
b. Medicare/Patient Fees/Patient Insurance	\$ -
c. Realignment (Based on 100% of Existing Resource Center, 100% of Existing Services and Supplies, and 100% of Existing Personnel minus Existing Personnel FFP)	\$ 448,109
d. State General Funds	\$ -
f. Grants - Path Grant	\$ 390,495
h. Total Existing Revenues	\$ 922,849

2. New Revenues

a. Medi-Cal (FFP only) - assume 30% of new clients will be Medi-Cal eligible (30% of costs X 50%). (Excludes Housing and Existing Resource Center, Services and Supplies, and Personnel)	\$ 54,218
h. Total New Revenue	\$ 54,218

3. Total Revenues

\$ 977,067

C. Start Up One-Time Expenditures

\$ -

D. Total Funding Requirements

\$ 307,233

E. Percent of Total Funding Requirements for Full Service Partnerships

0%

Telephone Number: _____ 0

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): San Bernardino County Fiscal Year: 2007-08
 Program Workplan # A-7 Date: 3/19/08
 Program Workplan Name Homeless Intensive Case Management and Outreach Services Page 1 of 1
 Type of Funding 3. Outreach and Engagement Months of Operation 3
 Proposed Total Client Capacity of Program/Service: 300 New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: 0 Prepared by: _____
 Client Capacity of Program/Service Expanded through MHSA: 300 Telephone Number: _____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene	\$0			\$0
b. Travel and Transportation	\$30,600			\$30,600
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing	\$0			\$0
d. Employment and Education Supports	\$0			\$0
e. Other Support Expenditures (provide description in budget narrative)	\$0			\$0
f. Total Support Expenditures	\$30,600	\$0	\$0	\$30,600
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$0			\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$49,722			\$49,722
c. Employee Benefits	\$16,408			\$16,408
d. Total Personnel Expenditures	\$66,130	\$0	\$0	\$66,130
3. Operating Expenditures				
a. Professional Services	\$400			\$400
b. Translation and Interpreter Services	\$900			\$900
c. Travel and Transportation	\$792			\$792
d. General Office Expenditures	\$2,264			\$2,264
e. Rent, Utilities and Equipment	\$14,949			
f. Medication and Medical Supports	\$0			\$0
g. Other Operating Expenses (provide description in budget narrative)	\$3,075			\$3,075
h. Total Operating Expenditures	\$22,380	\$0	\$0	\$22,380
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				\$0
6. Total Proposed Program Budget	\$119,110	\$0	\$0	\$119,110
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)	\$0			\$0
b. Medicare/Patient Fees/Patient Insurance	\$0			\$0
c. Realignment	\$0			\$0
d. State General Funds	\$0			\$0
e. County Funds	\$0			\$0
f. Grants	\$0			\$0
g. Other Revenue	\$0			\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)	\$17,867			\$17,867
b. Medicare/Patient Fees/Patient Insurance	\$0			\$0
c. Realignment	\$0			\$0
d. State General Funds	\$0			\$0
e. County Funds	\$0			\$0
f. Grants	\$0			\$0
g. Other Revenue	\$0			\$0
h. Total New Revenue	\$17,867	\$0	\$0	\$17,867
3. Total Revenues	\$17,867	\$0	\$0	\$17,867
C. Start Up One-Time Expenditures	\$0			\$0
D. Total Funding Requirements	\$101,244	\$0	\$0	\$101,244
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

Budget Narrative

Homeless Intensive Case Management and Outreach Services - # A-7

County(ies): San Bernardino County

Fiscal Year: 2007-08
Date: 3/19/2008

A. Expenditures

1. Client, Family Member and Caregiver Support Expenditures

a. Clothing, Food and Hygiene - based on average annual cost of \$145 per client.	\$	-
b. Travel and Transportation - based on average annual cost of \$102 per client.	\$	30,600
c. Housing	\$	-
i. Master Leases		
ii. Subsidies		
iii. Vouchers		
iv. Other Housing		
Emergency Housing - 20 slots. Annual cost per slot \$10,950.	\$	-
d. Employment and Education Supports	\$	-
e. Other Support Expenditures	\$	-
f. Total Support Expenditures	\$	30,600

2. Personnel Expenditures

a. Current Existing Personnel Expenditures (from Staffing Detail)	\$	-
b. New Additional Personnel Expenditures (from Staffing Detail)	\$	49,722
c. Employee Benefits - 33% of new salaries	\$	16,408
d. Total Personnel Expenditures	\$	66,130

3. Operating Expenditures

a. Professional Services - ongoing training -based on current average annual cost of \$400 per budgeted FTE	\$	400
b. Translation and Interpreter Services - based on current average annual cost of \$3 per client	\$	900
c. Travel and Transportation - based on current average annual cost per budgeted FTE of \$792	\$	792
d. General Office Expenditures - based on current average annual cost per budgeted FTE of \$2,264	\$	2,264
e. Rent, Utilities and Equipment	\$	14,949
Utilities and Equipment - based on current average annual cost per budgeted FTE of \$7,449	\$	7,449
ii. Lease Costs - Based on lease costs for 250 s.f. facility at \$2.50 s.f. for 12 mo	\$	7,500
f. Medication and Medical Supports	\$	-
g. Other Operating Expenses - general liability, vehicle, medical malpractice insurance premiums based on current average annual cost of \$3,075 per budgeted employee	\$	3,075
h. Total Operating Expenditures	\$	22,380

4. Program Management

c. Total Program Management	\$	-
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5. Estimated Total Expenditures when service provider is not known

6. Total Proposed Program Budget	\$	119,110
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B. Revenues

1. Existing Revenues

c. Realignment		
h. Total Existing Revenues	\$	-

2. New Revenues

a. Medi-Cal (FFP only) - assume 30% of new clients will be Medi-Cal eligible (30% of costs X 50%). (Excludes Housing and Existing Personnel)	\$	17,867
h. Total New Revenue	\$	17,867

3. Total Revenues

\$ 17,867

C. Start Up One-Time Expenditures

\$ -

D. Total Funding Requirements

\$ 101,244

E. Percent of Total Funding Requirements for Full Service Partnerships

0%

EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Bernardino County Fiscal Year: 2007-08

Program Workplan # A-7 Date: 3/19/08

Program Workplan Name Homeless Intensive Case Management and Outreach Services Page 1 of 1

Type of Funding 3. Outreach and Engagement Months of Operation 3

Proposed Total Client Capacity of Program/Service: 300 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0 Prepared by: 0

Client Capacity of Program/Service Expanded through MHSA: 300 Telephone Number: 0

Classification	Function	Client, FM & CG FTEs ^{a/}	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Total Current Existing Positions		0.00	0.00		\$0
B. New Additional Positions	Outreach				
	Clinical Therapist I	1.00		\$49,722	\$49,722
Total New Additional Positions		1.00	0.00		\$49,722
C. Total Program Positions		1.00	0.00		\$49,722

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.